<b>DECLARATION AND POWER OF AT</b>	TORNE
FOR PATENT APPLICATION	- 1

ATTORNEY DOCKET NO. 100200768-1

As a below named inventor, I hereby declare

My residence/post office address and citizenship

are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor (if plural names are patent is sought on the invention	: listed below) of the subject ma entitled:	atter which is claimed and for which a	
FLUID EJECTION DEVICE			
the specification of which is attac	hed hereto unless the following	box is checked:	
(X) was filed on Oct 30, 200	as US Application No. or	PCT International Application	
Number <u>10/696,847</u>	and was amended on	(if applicable).	
I hereby state that I have review including the claims, as amended disclose all information which is n	by any amendment(s) referred	s of the above-identified specification to above. I acknowledge the duty to in 37 CFR 1.56.	

#### Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
·			YES: NO:
			YES: NO:

**Provisional Application** 

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER	FILING DATE

## U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (patented/pending/abandoned)
	·	·

## POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

**Customer Number** 

022879

Place Customer Number Bar Code

Send Correspondence to: **HEWLETT-PACKARD COMPANY** Intellectual Property Administration P.O. Box 272400 Fort Collins, Colorado 80527-2400 Direct Telephone Calls To:

**Dmitry Milikovsky** (858) 655-3251

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Simon Dodd	Citizenship: -UK US
Residence: Corvallis, OR	
Post Office Address: 216 NE Plymouth Circle	e, Corvalis, OR 97330
Inventor's Signature	MARCH 200 4

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 100200768-1

Full Name of joint inventor:	Sean P. McClelland		Citizenship: US
Residence:	Corvallis, OR		·
Post Office Address:	1133 NW 11th Street, Corv	allis, OR 973	30
,			
Inventor's Signature	<del> </del>	Date	
Full Name of joint inventor:	Lonnie D. Byers	-	Citizenship: US
Residence:	Corvallis, OR		
Post Office Address:	7240 NW Madrone Way, C	orvallis, OR 9	7330
		<u>.                                    </u>	
Inventor's Signature		Date	
			·
Full Name of joint inventor:			Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature	<u> </u>		
		24.0	
Full Name of joint inventor:			Citizenship:
Residence:			
Post Office Address:			
7 001 011100 71001000			
Inventor's Signature		Date	
Full Name of joint inventor:	· ·	<del></del>	Citizenship:
Residence:		·	
Post Office Address:		·	
Inventor's Signature		Date	· ·
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Full Name of joint inventor:			Citizenship:
Residence:			_
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Post Office Address.		· · ·	
Inventor's Signature		Date	
Full Name of joint inventor:			Citizenship:
Residence:			·
Post Office Address:			
Inventor's Signature		- Data	
mventor a alguature		Date	

<b>DECLARATION</b>	AND POWER C	F ATTORNEY
FOR PATENT AL	PPLICATION	

ATTORNEY DOCKET NO. 100200768-1

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My residence/post office address and citizenship are as stated below next to my name;

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FLUID EJECTION DEVICE	

the specification of which is attached hereto unless the following box is checked:

(x) was filed on Oct 30, 2003 as US Application No. or PCT International Application Number 10/696,847 and was amended on (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

## Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: NO:
			YES: NO:

**Provisional Application** 

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APPLICATION NUMBER	FILING DATE
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APPLICATION NUMBER	FILING DATE	STATUS (patented/pending/abandoned)
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		<u> </u>

## POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number 022879

Place Customer Number Bar Code Label here

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Dmitry Milikovsky (858) 655-3251

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Simon Dodd Citizenship: UK

Residence: Corvallis, OR

Post Office Address: 216 NE Plymouth Circle, Corvalis, OR 97330

Inventor's Signature

Date

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 100200768-1

Full Name of joint inventor:	Sean P. McClelland		Citizenship: US
Residence:	Corvallis, OR		<u> </u>
Post Office Address:	1133 NW 11th Street, Corvallis, OR 97330		
12- 1/1		3	[2/2004
Inventor's Signature		Date	·
Full Name of joint inventor:	Lonnie D. Byers		Citizenship: US
Residence:	Corvallis, OR	-	
•	7240 NW Madrone Way, Corvallis, OR 97330		
Post Office Address:	Pala	21	2/2011
Inventors Signature	2012 - Call	Date	2/204
	<b>V</b>		
	·		Citizenship:
Full Name of joint inventor:			Citizensnip.
Residence:			
Post Office Address:			
Inventor's Signature		Date	
inventor's Signature		Date	
Full Name of joint inventor:			Citizenship:
Residence:			
Post Office Address:	·	<u> </u>	
•	·		
Inventor's Signature		Date	
	• •		
Full Name of joint inventor:			Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of joint inventor:			Citizenship:
Residence:			
Post Office Address:		<del></del>	
Post Office Address:			
Inventor's Signature		Date	
Full Name of joint inventor:	-		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	